

Medical Image

Atraumatic Urineous Peritonitis Caused by Bladder Rupture[☆]

A 72-year-old man lived independently in a nursing home for >10 years because of a stroke leading to a bed-ridden state. Because

of blood-stained and coffee-ground coloured vomitus, he was referred to the gastroenterology service at our institution for further evaluation. Upper gastrointestinal endoscopy revealed fresh blood in the lower part of the oesophagus; he was diagnosed with a bleeding ulcer and Mallory–Weiss tear. However, epigastric and low abdominal pain simultaneously persisted. He developed severe sepsis and peritonitis in 1 day. Contrast-enhanced computed tomography (CT) revealed urinary bladder rupture with massive ascites (Fig. 1A transaxial view and Fig. 1B sagittal view). A laparotomy and surgical repair of the ruptured bladder was performed on the same day after the CT. Perforation of the augmented bladder, without a history of preceding trauma, is a rare but life-threatening complication (mortality rate, 23–25%)¹. Diagnosis can be difficult, particularly in paralytic patients with inapparent symptoms and signs.

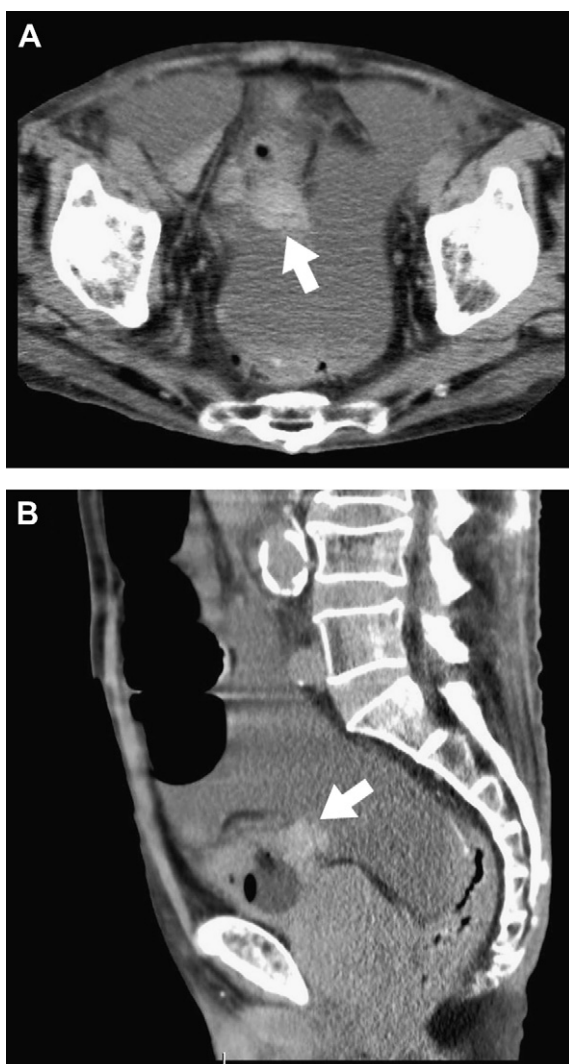


Fig. 1. Computed tomography scan showing ruptured site of urinary bladder (arrows) and massive ascites on: (A) transaxial; (B) sagittal views.

References

1. Elder JS, Snyder HM, Hulbert WC, et al. Perforation of the augmented bladder in patients undergoing clean intermittent catheterization. *J Urol.* 1988;140: 1159–1162.

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[☆] All contributing authors declare no conflict of interest.